



County of Grant  
State of Wisconsin

## Application for Employment

THIS FACILITY  
MAY DO  
DRUG TESTING

Position Applying For \_\_\_\_\_

Date of Application \_\_\_\_\_

The following information is requested in order to help us make the best possible placement with Grant County. All portions of this application pertaining to you must be completed. Grant County does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, disability, sexual orientation or any other characteristic protected by law.

### PERSONAL DATA:

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Initial

Address \_\_\_\_\_ Home phone ( ) \_\_\_\_\_

Other phone ( ) \_\_\_\_\_

Are you 18 years or older? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Do you have a valid Driver's License? ☐ Yes ☐ No

Do you have a CDL (if required)? ☐ Yes ☐ No

Have you ever been convicted of a crime other than minor traffic violations?  
(A criminal record will be considered only as it relates to the job applied for.) ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Are you related to any employee of Grant County? ☐ Yes ☐ No

If yes, please list his/her name and your relationship. \_\_\_\_\_

### EDUCATION AND TRAINING:

School	Name and Location	(Optional) Dates Attended From: To:	Course of Study and Degree	Graduated
High School/GED		<del>_____</del> <del>_____</del>		Yes No
College or University		_____ MO YR MO YR		Yes No
Graduate School		_____ MO YR MO YR		Yes No
Business, Trade, Vocational or Other		_____ MO YR MO YR		Yes No
List Additional Skills Acquired:				

## EMPLOYMENT RECORD:

Please complete by beginning with last or current employer, then next to last, etc.

If currently employed, may we contact that employer? ☐ Yes ☐ No

Employer	Phone	Dates of Employment From To	
Address	Salary (Optional)	Hours/Week	Supervisor
Reason for Leaving	Job Title		
Description/Duties			

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Reason for Leaving	Job Title		
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(Use a separate sheet for additional employers.)

Have you ever been in the armed forces?                      \_\_\_ Yes                      \_\_\_ No

If yes, what branch? \_\_\_\_\_

Dates of duty:    From \_\_\_\_\_                      To \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

What were your duties in the service (include special training and duty station)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List persons who are familiar with your qualifications and background. (No relatives)

Name	Address/Phone	Business or Occupation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please summarize any special skills or qualification you have acquired that will support your application for this position.

[illegible]

PLEASE READ THE PARAGRAPHS BELOW BEFORE SIGNING:

CERTIFICATE OF APPLICANT: I hereby certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact herein subjects me to disqualification or dismissal. I understand that employment with Grant County is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at anytime with or without cause.

I authorize a release of any records pertaining to my education, employment, and/or personal references to Grant County. I voluntarily agree to cooperate in such investigation and release from all liability of responsibility all persons, companies or corporations supplying or acting upon such information.

I understand that Grant County is committed to maintain a drug-free workplace. Grant County may require a drug test as a part of the hiring process. Grant County may conduct post-accident, reasonable suspicion, periodic and/or random drug or alcohol testing to its employees.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

OPTIONAL:

I request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes since they would tend to reveal my identity.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## APPLICANT DATA RECORD

Grant County is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, creed, religion, sex, national origin, age, marital status, sexual orientation, military status, any non-job-related disability or medical condition, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

As an employer taking affirmative action to ensure equal employment opportunity, and to help comply with governmental record-keeping requirements, we would like to ask your cooperation in completing this form. However, **COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY** and will not be considered as a disqualifying factor for employment. This information will be kept in a confidential file, **SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT**, and is for statistical purposes only.

Name: \_\_\_\_\_ Date \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### PERSONAL TRAITS:

Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married

Race/Ethnic ☐ White ☐ African American ☐ American Indian/Alaskan Native  
☐ Hispanic ☐ Asian ☐ Native Hawaiian/Pacific Islander  
☐ Other

Are you over 40? ☐ Yes ☐ No

Disability: The Americans with Disabilities Act (ADA) defines an individual with a disability as “one who has a physical or mental impairment that substantially limits one or more major life activities (such as hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning, thinking or working), has a record of such an impairment, or who is regarded as having such an impairment.”

Based on this definition, are you an individual with a disability? ☐ Yes ☐ No

*Thank you for completing the above voluntary information. You may return this with your application and we will place it in a separate file, or you may mail it separate from your application to:*

*Grant County Personnel Office  
111 South Jefferson St.  
Lancaster, WI 53813*